

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF TROY DOMINIC MADON, JR	FILED	COURT CASE NUMBER 08CV258 JLS (CAB)
DEFENDANT SHARON Young	"DOCTOR" 2008 JUN 17 AM 8:45	TYPE OF PROCESS C.V. ACTION
SERVE ➔	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN CALIFORNIA STATE PRISON SOUTHERN DISTRICT OF CALIFORNIA	
AT	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 7018 BLAIR ROAD CALIFORNIA, CALIF, 92233	

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

DR. SHARON Young, SRD C. GRAY,
M.T. A / % G. SALAZAR, N. BARRERAS DR
7018 BLAIR ROAD
CALIFORNIA, CALIF, 92233

Number of process to be served with this Form - 285	1
Number of parties to be served in this case	4
Check for service on U.S.A. <input checked="" type="checkbox"/>	FORMA PAUPER'S

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):
Fold

Signature of Attorney or other Originator requesting service on behalf of: <i>[Signature]</i>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER NONE	DATE 5-18-08
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin 98 No.	District to Serve 98 No.	Signature of Authorized USMS Deputy or Clerk <i>[Signature]</i>	Date 6/2/08
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.
Address (complete only if different than shown above)	Date of Service Time am pm
	Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS: **6/16/08 - mailed SEC**
6/16/08 - Returned unexecuted. Dft not employed at this institution

PRIOR EDITIONS
MAY BE USED

1. CLERK OF THE COURT

FORM USM-285 (Rev. 12/15/80)